

intervals at which quinine would be given.—*Med. Times and Gaz.*, Nov. 21, 1857, from *Union Méd.*, No. 129.

30. *Belladonna in Incontinence of Urine.*—A number of cases have within the last few years been reported, showing the beneficial effects of belladonna in incontinence of urine; but the following, reported in the *British Med. Journ.* (Sept. 5, 1857), is the most remarkable we have met with.

Elizabeth S., aged 4 years 9 months, was admitted under the care of Mr. POLLOCK in November, 1856, on account of incontinence of urine. It appeared that she had never been able to retain water since the time of her birth. The urine continually dribbled over her clothes, both by night and day, and she was, besides, teased with constant desire to pass it. On examination, nothing unnatural was discovered in the urine, except that it was extremely limpid. It was slightly acid, and free from albumen or any other morbid product.

She was ordered purgative medicine (*Pulv. scammon cum cal. gr. iv alt. noct.*), and saline medicine, with bicarbonate of potash. This treatment was continued during the month of December without benefit. On December 30th steel was tried (*tinct. ferri sesquichlor. ℥vi ter die*), with blister on the loins; but after a full trial of this treatment for six weeks, it was given up, as no good was effected. On February 10th, she was ordered extract of belladonna one-twenty-fourth of a grain twice a day; and this was increased on March 3d to one-sixteenth of a grain three times a day. She now began to improve slightly, so as to pass a few hours during the day without making water. On March 17th, the quantity of the belladonna was increased to one-twelfth of a grain three times a day. She persevered in this treatment to May 26th, by which time she had so far improved as to pass three or four nights consecutively without passing water. The belladonna treatment was now combined with steel, and she has ever since been steadily improving, and is now quite well, with the precaution of waking her late at night to make water, and then giving her a dose of the medicine. Still, however, if she suspends the belladonna the irritability of the bladder again shows itself.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

31. *Embolic Apoplexy from Detachment of Fibrinous Coagula in an Aneurism of the Carotid.* By Dr. FR. ESMARCH.—Captain C. H., from Sweden, consulted a medical friend of Professor Esmarch concerning an attack of angina tonsillaris, and at the same time drew his attention to a tumour of the left side of his neck which had formed suddenly three years previously, without appreciable causes, and had now attained the size of a hen's egg. It occupied the upper triangle of the neck, was slightly diminished by pressure, and communicated a distinct thrill to the touch. It was at once diagnosed as an aneurism of the common carotid. On repeating the examination a few days later, and exerting pressure upon the tumour for the purpose of reducing it, the patient suddenly fell back with symptoms of apoplexy. He was at once bled and conveyed to the hospital, where he was placed under the care of Dr. Esmarch, on the 8th of May, 1855.

The patient was well built and robust; in a state of coma, from which he could only be roused momentarily; the pulse was moderately full, heart normal. The whole right side of the face was paralyzed, the right cheek was distended in expiration; there were spasmodic movements in the facial muscles of the left side. The pupils reacted to the stimulus of light. The tongue, which was much furred, pointed to the left. Respiration was stertorous. The thoracic muscles and diaphragm acted well, but only the left abdominal muscles moved in respiration. Both right extremities were completely paralyzed.

Deglutition, defecation, and micturition were normal. The tumour pulsed isochronously with the carotids, but presented no murmurs.

Professor Esmarch diagnosed the detachment of fibrin from the aneurismal sac, and a consequent obliteration of the left cerebral carotid. Ice was applied to the head, sinapisms to the legs, and an enema with vinegar was administered. Some improvement ensued; the paralytic symptoms diminished, and the patient was able to converse with a countryman; a relapse, however, followed, and on the 11th of May profound coma ensued; the pulse was very quick, the skin cool, the complexion livid, the right pupil was somewhat drawn out transversely, but both pupils continued to react to the light; both lips were distended by expiration; urine was passed involuntarily. The liver increased, the pulse became too quick to be counted, respiration slow, and accompanied by screams in inspiration; and death ensued at midnight.

The cadaveric examination was made the day after by Professor Weber.

The aneurism had a spindle-shaped form, and commenced about four centimetres above its issue from the aorta; the external and internal carotids quitted the upper end of the aneurism, preserving their normal size. The internal jugular vein was pushed outwards, the vagus lay between the vein and the aneurism and was unaltered, but the descending branch of the hypoglossus was adherent to the tumour, and much altered in appearance. The whole internal surface of the carotid from its origin was in a state of atheromatous degeneration, and contained enormous chalky formations; both below and above, a portion of the inner coat of the artery formed a projecting ridge in the aneurismal sac. The sac was partly lined with a smooth red membrane, partly with more or less firmly-attached, ragged, fibrinous coagula: much loose fibrin, irregularly interwoven, was also in the sac; a firm coagulum was drawn out of the internal carotid, which tore off from its continuation within the carotid foramen. There was no coagulum in the external carotid. Within the cranium there was found considerable hyperæmia of the vessels of the pia mater, a moderate effusion of serum under the arachnoid; the whole middle portion of the left hemisphere, including a part of the corpus callosum, was converted into a pulp of a grayish-yellow colour. Beneath the aquæductus Sylvii, in the mesial line of the pons Varolii, was a perfectly recent extravasation of blood of the size of a bean; a smaller one, a centimetre in front of the former, and in the vicinity several small capillary extravasations. Normal cerebral tissue could not be discovered in the softened portion; it consisted of granular matter and short fragments of broken-up fibres, with capillaries containing shrivelled corpuscles. In the extravasations at the pons, the blood corpuscles were unaltered. The cerebral carotid, the arteria fossa Sylvii, and the arteria ophthalmica, were completely blocked up with coagula of a dark-brown colour, inclosing numerous red and grayish-white plugs, which evidently were derived from the aneurism. Their identity was proved by the microscope. The thoracic viscera presented no marked disorganization, except that the ascending aorta exhibited extensive atheroma; the same was the case with most of the large arteries.

Professor Esmarch, in his concluding observations, dwells upon the danger of much manipulation of aneurismal tumours, as being liable to give rise to such consequences as those above described. He particularly discusses Mr. Fergusson's mode of treating aneurism of the subclavia, recently brought before the Medico-Chirurgical Society, which consists in forcing the coagula contained in the tumour into the axillary and brachial arteries.—*Brit. and For. Med.-Chirurg. Review*, October, 1857, from *Archiv. für Pathol. Anat. und Physiologie*, Bd. xi.

32. *Case of Arterio-Venous Aneurism, which was treated by Ligature of both the Artery and the Vein.*—Mr. MOORE communicated the following case of this to the Royal Medical and Chirurgical Society (Nov. 10, 1857).

A labourer, aged 60, was admitted into the Middlesex Hospital on September 30, 1857, pale and much depressed by loss of blood. Thirty-six years previously he had been bled in the left temporal artery, and he had ever since had a pulsating swelling in the site of the lancet-puncture. In the course of years